

Democratic alternative. While we Republicans are surely headed off the fiscal cliff, the Democrats' plan would only get us there much faster.

This legislation is a prime example of the question debated in high school civics classes all over the country: Are we as Members of Congress sent to Washington to vote the wishes of our constituents or the demands of our conscience?

We have all read the polls. It is clear that seniors want a prescription drug benefit as part of a traditional Medicare. Further, seniors seem skittish when it comes to substantive Medicare reform. These findings are often cited by supporters of the legislation. Rarely cited, but certainly understood, is the fact that seniors vote in numbers disproportionate to their size of the electorate.

But as sitting Members of Congress, we are also aware that adding a new entitlement of this size is wholly unsustainable. Even without this new entitlement, Medicare will go bankrupt within the next couple of decades. The \$400 billion, 10-year estimate for this add-on will almost certainly spiral out of control, just as Medicare's costs have ballooned far beyond original estimates.

So what are we to do? Do we vote as the polls tell us we should vote? After all, if it is what our constituents want, can we not simply vote "aye" and wash our hands of the matter?

We are not the first Congress to face such questions. More than 200 years ago, the delegates to the Constitutional Convention had a similar dilemma. Many in this new country wanted a governmental structure similar to the one that they were used to, rather than what was envisioned by the Founding Fathers.

George Washington's words to the Constitutional Convention should instruct us today: "If, to please the people we offer what we ourselves disprove, how can we afterwards defend our work?"

George Washington understood what leadership is all about. It is not about riding the wave of public opinion, but in changing its course. It would have certainly been more comfortable for the Founding Fathers to go along with what they perceived to be the will of the people, rather than to persuade them that there was a better way. Many generations later, we are grateful for their leadership.

So here we are today. As Members of Congress, we know that adding a prescription drug benefit without reforming Medicare will only hasten its bankruptcy. By our own estimates, this plan will add about \$7.8 trillion to Medicare's unfunded liability. Somehow, I doubt that generations to come who are saddled with this debt will be hailing us as leaders.

Knowing all of this, can we defend our work? No, Mr. Speaker, we simply cannot. I urge my colleagues to join me in voting "no."

## MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Mr. Speaker, the "Rubber Stamp Congress" is about to go back in session. The President sent the word down from the White House: he wants a bill. We have not seen the bill. It has been put together in two different committees. We do not know what the Committee on Rules is going to put out here, but I can tell my colleagues two things about it. It is very clear from what went on in the Committee on Energy and Commerce and what went on in the Committee on Ways and Means that the bill that will be before us in the next couple of days is not going to satisfy what senior citizens really want.

The senior citizens want no privatization. They do not want Medicare to become totally a private insurance operation. They like the program run by the government. It has worked very well for many years; not perfect, but it has worked very well, and the idea that we are going to have a drug benefit and we are going to say, here is some money, we are putting it on the table here, and the drug companies are going to run in or the insurance companies are going to run in and figure out how to give a benefit is simply nonsense, and people know it.

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They do not trust insurance companies. They have had the last couple of years dealing with the insurance companies around HMOs and they said, Why do we need more of that? How will we feel more safe if we know the insurance companies can come in one day and out the next and back in another day and another and out, in and out? We will not have any benefit.

They want a guaranteed Medicare benefit that they do not have to join a private program to get. They can get it through the government and it is just that simple. That is why they have rejected all these private HMOs, all of that stuff and have stayed in the basic Medicare program. It is partly because the way the insurance companies have treated them.

Insurance companies went out and promised benefits all over the place. They promised drug benefits and everything else. People joined and 6 months later they pulled out and left them hanging. So they expect the very same thing to happen with this drug benefit.

If this were something the insurance companies wanted to do, believe me they would have done it a long time ago but they do not want to do it. So it has got to be in the regular Medicare program. It cannot be privatized. And it has to have a guaranteed benefit.

You can say to people, well, here is \$100 a month. Go out and see what kind of plan you get offered because you are

not guaranteed anything in that. In some parts of the country it might buy more than it buys in another part of the country. But everybody will have the same amount to go out and try and buy with, so how is that going to work?

Why should it make a difference if you live in Tennessee or you live in Oklahoma or you live in Vermont or you live in Washington State or you live in Illinois? Why should you not be able to have this same plan no matter where you are in this country? Suppose you want to leave San Francisco and go and live with your children in Kansas City? Suddenly you have got to change plans. All of these are issues that come when you put it in the hands of a private insurance company.

Now, the second thing people want is to control the costs of medication. I live up in the Northwest. I live up in Seattle. Every day people get in their cars, drive across the border into Canada, and buy drugs at markedly reduced prices. Now, that went on for a long time and now there are organizations that will allow you to fill your prescriptions from Canada without ever leaving your home in the United States. Thousands and thousands of people are filling their prescriptions in Vermont and New Hampshire and Maine and New York and Michigan and Minnesota. All the States along the northern tier are doing that and it is going down in other States in the country.

Now, you ask yourself, why are drug costs lower in Canada? I mean, what is it about the Canadians that they are better negotiators or what have they done? They did one simple thing. They said you cannot charge a Canadian, they put this in law, you cannot charge a Canadian more than the average of the G-7 countries. Now, what are the G-7 countries? France, Britain, Germany, United States, Canada, Japan, and I think Italy is the other one. You take all those countries, add the price together on a drug and the average price is what Canadians pay.

All it would take for us to save all that traffic to Canada is to pass a law here that grants us the average price of the G-7 countries. This bill will not have it. It is a bad bill. And you should look very carefully at what you pay and what you do not get.

## DO NOT PRIVATIZE MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. HOEFFEL) is recognized for 5 minutes.

Mr. HOEFFEL. Mr. Speaker, there are two things wrong with the Republican prescription drug bill. Perhaps more than just two but two I wanted to talk about this evening.

The first is this bill would privatize the program. It would privatize the prescription drug benefit and it would privatize Medicare itself. The second thing wrong with the Republican prescription drug bill is that it would actually forbid, prohibit, any negotiation